



ISSUE NO. 01 | MARCH 2025

SLCOG NEWS

Official Newsletter of Sri Lanka College of Obstetricians & Gynaecologists



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Editor's Note



Dear fellows & members,

I consider it a great honour to be given the task of editor by SLCOG president Dr Sanath Akmeemana and I am very thankful for the trust he placed on me.

SLCOG newsletter is published once in every three months in print and as an electronic version with the aim of keeping the membership well informed of all college activities.

The main event highlighted is the ceremonial induction of the 39th President of the Sri Lanka College of Obstetricians and Gynaecologists for 2025, Dr Sanath P Akmeemana which was held on the 19th of January 2025 at the Grand Ballroom, Hotel Galadari. Furthermore, numerous activities organized by the SLCOG including the Safe motherhood programmes, EOD programmes, College academic activities and activities of the O & G Ladies Forum are also included.

I am very grateful to the CIC Abbott PLC for bearing the entire cost involving this publication and also thankful to the Ananda Press for the excellent printing job.

Dr Udara Jayawardena
Editor

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Sri Lanka Journal of Obstetrics and Gynaecology
ISSN 1391-7536

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Individual Copy: Rs.300

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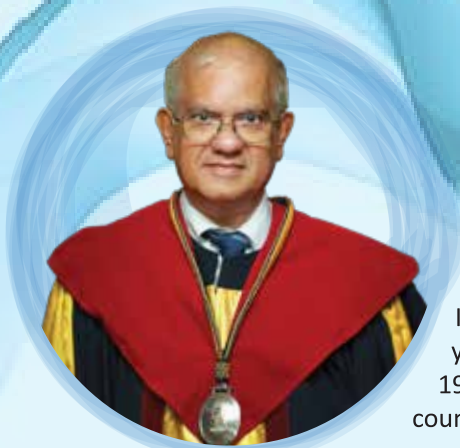
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President's Message

It is with great pleasure and pride that I address you in this first newsletter of the year as the President of the College of SLCOG for 2025. My induction took place on 19th January at the Galadari Hotel in Colombo, with the participation of esteemed council members, past presidents, fellows, members, and invited guests.

This year, I have chosen the theme *"Improving Reproductive Health of Women: Challenges and Opportunities – An Evidence-Based Approach."* This theme reflects our commitment to addressing critical issues in women's health and ensuring that our approaches are grounded in evidence-based practices.

In line with this theme, we have outlined a comprehensive set of programmes aimed at enhancing professional development and fostering collaboration across the medical community. These include:

- Continuous Professional Development (CPD) programmes such as guest lectures, EODs (Essential Obstetrics at your Door step), Safe Motherhood Programmes, joint symposia with sister colleges, surgical skill development workshops, and US scan workshops.
- Our Annual Academic Sessions will be held from 5th to 7th September 2025 at the Cinnamon Grand Hotel in Colombo.

I am pleased to report that, during the first quarter of the year, we have successfully implemented several initiatives:

- On 14th January, we launched the Preparatory Course for MD Part II students, which was co-ordinated by Dr. Janaki Karunasinghe and Dr. Chinthaka Banagala. I would like to express my heartfelt gratitude to them for their outstanding efforts.
- On 16th January, we hosted a Hands-on Workshop on Obstetric Emergencies for postgraduate trainees, led by Dr. Sanjeewa Padumadasa. This workshop received strong participation, and I extend my sincere thanks to Dr. Padumadasa, Prof. Rasika Herath, and Dr. A. Sriharan for their expertise and efforts in making it a success.
- World Anaemia Day, on 13th February, was marked by a Joint Symposium titled *"Breaking Barriers: A Collaborative Approach to Haematological Problems in Pregnancy,"* organized in partnership with the College of Haematologists. The event was a resounding success, with robust participation from members and trainees of both colleges.
- A webinar on Anaemia for midwives were conducted by Dr. Mangala Dissanayake and Dr. Sanjeewa Godakanda on 13th February 2025 as well.
- SLCOG conducted a SAFOG Paathshala programme on infections in pregnancy and puerperium on 26 th February. This was co-ordinated by Dr. U. D. P. Ratnasiri and members of the SLCOG contributed to it.
- The first EOD programme of the year took place at Tangalle Base Hospital on 28th February, which was a great success. The event saw strong engagement from local healthcare staff, and I would like to commend Dr. Darshana Abeygunawardena for his instrumental role in organizing this valuable programme.
- On 7th March, we held a Safe Motherhood Programme at Monaragala General Hospital for both field and hospital staff. The programme was a remarkable success, thanks to the contributions of a dedicated team of consultants and senior registrars from across the country.
- On 11th March, we hosted a Guest Lecture by Dr. S. Raajkumar, Consultant Obstetrician and Gynaecologist from the UK, on the topics of *Clinical Governance, Risk Management, and Physiological Interpretation of CTG*. The session was highly informative and beneficial for our postgraduate trainees.
- The second EOD programme was held on 19th of March, at the General Hospital Kamburugamuwa , with a huge participation and was organized well by the staff at the hospital.

We have an exciting year ahead, with plans to conduct twelve EODs and four Safe Motherhood Programmes. I encourage all council members to actively participate in these initiatives, as they provide valuable opportunities for knowledge sharing and professional development.

The ultimate goal of these programmes is to enhance the knowledge and skills of our members and healthcare workers across the country, ultimately improving the standard of care we provide to women and communities.

Dr Sanath P. Akmeemana
President SLCOG



Secretary's Message



Dear members,

As I greet you all for the year 2025 it is my pleasure to write for the inaugural edition of the SLCOG newsletter. The induction of Dr Sanath Akmeemana, as the 19th president of SLCOG was held gracefully at Galadari Hotel on 19th January with the participation of several distinguished guests and invitees. I am certain under his able leadership SLCOG will continue to thrive and achieve greater strides in the advancement of women's health.

On 13th of February 2025 in celebration of "World Anaemia Day", SLCOG in collaboration with the Sri Lanka College of Haematologists held a one day workshop on haematological conditions in pregnancy. A parallel webinar was conducted on anaemia in pregnancy for field staff on "Anaemia in Pregnancy". Two successful "Essential obstetrics to your doorstep" programs were held in Tangalle and Matara hospitals. The first safe motherhood program for the year was held at Monaragala District General Hospital on 07th March with the participation of several hospital and field staff in the region.

The AFOG SAFOG conference was held in Dubai from 20th-22nd February 2025 and SLCOG had a renouncing presence at the international conference with several lectures delivered by SLCOG delegates. The conference, which focused on key issues related to women's health common to both regions was impactful and showcased SLCOGs resolve to foster international and regional collaboration.

SLCOG participated in several key meetings with Director General of Health Services and Ministry of Health, Family Health Bureau and UNFPA discussing a range of topics from strengthening the confidential enquires into maternal deaths to provision of fertility treatment in government sector. I am sure in the months to come the positive outcomes of these meetings will come to light.

The first social event for the year will be the Avurudu festival which will take place on 6th April 2025 at SLCOG House. I warmly invite you to this event and I am sure it will be a fun filled activity for all family members as well. I sincerely thank all the past presidents, college office bearers, fellows, members, SLCOG ladies forum and administrative staff who have worked tirelessly in making each of these events a success.

Wishing you all the very best

Dr Achintha Dissanayake
Hon. Secretary

Presidential Induction

of the 39th President of the SLCOG 2025

The ceremonial induction of the 39th President of the Sri Lanka College of Obstetricians and Gynaecologists for 2025, Dr Sanath P Akmeemana was held on the 19th of January 2025 at the Grand Ballroom, Hotel Galadari.

The ceremony was presided over by the Chief Guest, Dr Anil Jasinghe, Secretary, Ministry of Health and Mass Media, Guests of Honour Dr Asela Gunawardena, Director General of Health Services and Dr M D P Goonerathne, Senior Consultant Obstetrician and Gynaecologist and Special Guest, Dr Jagath Alwis, Executive Director, Ceylinco Holdings PLC and Chairman CEG Education Holdings.



Traditionally, the outgoing president, Dr Mangala Dissanayake presented Dr Sanath P Akmeemana with the president's medal and handed over the new presidency.

Following the addresses of the invited dignitaries, the event successfully concluded with the reception.





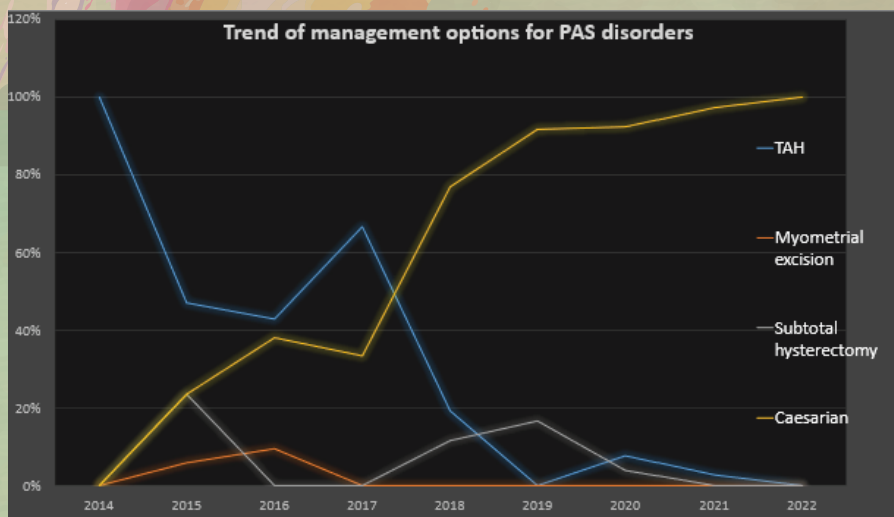
Sharing the experience of managing placenta accreta spectrum of disorders over a decade

My experience with Placenta Accreta Spectrum (PAS) started when I worked as a consultant obstetrician at Nuwara Eliya base hospital back in 1995. I was called by SHO to attend an undiagnosed case of Placenta previa with previous C section bleeding in the maternity ward in a night. Ultrasound showed anterior placenta previa covering inter os. She was clinically stable but continued to bleed moderately. I decided to do an emergency C section with 2 units of cross matched blood availability and started with Lower segment Caesarean section under general anaesthesia with a MO anaesthetist. Upon opening the peritoneal cavity found to have increased vascularity in the lower segment a. I went through the lower segment and delivered the fetus going through the placenta with the help of forceps. Baby was non asphyxiated and the drama started soon when attempting to remove the placenta. It failed with normal measures and started to bleed profusely. There was no other option and a caesarean hysterectomy was performed to stop the bleeding and save life. Only 2 units of group specific blood was available in the blood bank and needed more blood to correct the hypovolemia as the blood loss was profuse. There was no group specific blood available and also only one unit of O negative blood available. It takes 2 to 3 hours to get blood from Peradeniya. So, my House officer, lab technician decided to donate blood and two units transfused further after cross matching. She needed some more blood due to massive loss. Then I decided to donate another pint as she had the same blood group compatible with mine. We saved this patient without severe morbidity and I met her 25 years later in the hospital during a visit for a PPIUD program in Nuwareliya. She was working in the same hospital after a transfer from the previous station, where she worked as midwife.

Placenta accreta disorder was not commonly seen since then. After going through several General and base hospitals for 18 years, I was appointed to De Soysa Maternity hospital in 2010. I was involved with maternal mortality reviews with SLCOG and FHB. In 2011, I visited two provinces and found five maternal deaths contributed with PAS disorder. Then I thought some measures should be taken to reduce these deaths and told my colleagues in some peripheral hospitals to transfer these cases once diagnosed with Placenta praevia with past sections. I started to receive these cases in DMH ward 5 since then. Those patients were managed with a midline incision with a transverse upper segment to deliver the baby and closed the uterine scar leaving the placenta inside. This was followed by embolization of bilateral uterine arteries with the help of interventional radiologists in NHSL. Unfortunately, few women started to bleed again and as a result had to resort to secondary hysterectomy. Later, the management was changed, and upper segment Caesarean sections were done, leaving the placenta. Two weeks later secondary hysterectomies were performed, when the placenta

gradually started to autolyse and separate. However these surgeries carried complications with massive haemorrhages and urinary bladder damage few times. I had to get Genito urinary surgeon's support for repair. Most of these patients needed prolonged ICU stay and separation of the baby from the mother until they are recovered.

This surgical practice continued for about 2 years. Thereafter,



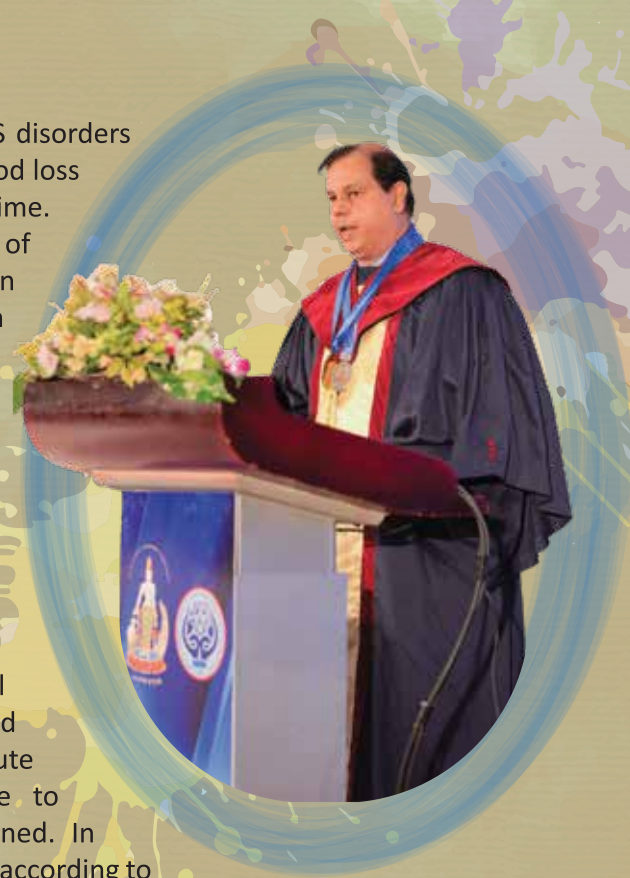
the procedure was changed to Caesarean hysterectomy for all PAS disorders irrespective of the severity of vascularity and scar thinness. The blood loss and the surgical morbidity improved with gaining experience over time. All these surgeries were done under general anesthesia and most of them had prolonged ICU stay for about 3 to 5 days. The coagulation derangements were managed by the consultant anaesthetist with massive transfusion protocols and all mothers were saved.

I came to Castle Street hospital in 2014 and continue to manage them similarly until 2018. Massive haemorrhages were controlled with pharmacological and surgical measures including internal aortic compression when expected a massive bleeding.

The mode of anaesthesia was changed to combined epidural and spinal with the agreement of consultant anesthetists in CSHW. Massive transfusion protocols were changed to rotational thromboelastometry guided point of care transfusion and use of rapid transfuser which can send one liter of blood in one minute whenever needed. The surgical morbidity and morbidity due to hypovolemia improved gradually over time and ICU stay was shortened. In 2018 FIGO introduced the PAS classification and graded all PAS cases according to it with histology reports. With gaining experience of Ultrasound diagnosis skills these cases were graded according to the US diagnostic criteria. This made to understand the scar thinness and the placental vascularity and assessed the surgical difficulty and bleeding risk prior to surgery. This approach minimized the false positive and negatives and surgical procedures and preparations were made accordingly. The number of cases received in my unit in Castle Street increased and some cases from other units were managed with my colleagues in the hospital.

This evolution made me to attempt surgery with lower segment approach for less severe cases and removing the placenta totally with adequate timely haemostasias using temporary measures. This approach reduced the number of Caesarean hysterectomies and massive blood loss. Later with gaining more experience all cases of PAS cases were managed with one step caesarean section (OSCS) after complete removal of placenta. All these OSCS were carried out under CSE anaesthesia and required Rotem guided transfusions in few cases when it was a massive loss. Many of these patients were managed in the postnatal ward without going to intensive care units. Majority of them went home without any complications after few days stay. There were no hysterectomies performed for PAS for the past three years until I retired from Government service in 2024. There was no single maternal death with PAS performing over 250 cases during my career and I am very happy with my contribution to reduce the maternal morbidity and mortality in Sri Lanka. The PG trainees and few of my colleague consultants learn this OSCS procedure while assisting to me and I hope they will develop further new techniques in this aspect to improve the women's health. I thank all colleagues who transferred PAS after diagnosis and the team members including Obstetric, Anesthesiology, Transfusion Physicians, blood bank staff, operation theatre staff who have assisted and supported me for this endeavor encouraging me throughout.

I delivered two orations on this subject in SLCOG annual sessions and many presentations in AOFIG, RCOG and SAFIG sessions in some countries in the region. Now there is a trend of performing OSCS for PAS in few countries with similar method and it is encouraging as women do not lose the uterus in managing this so-called obstetric nightmare. My publication on this subject will be published in a peer reviewed international journal in near future.



SAFE MOTHERHOOD PROGRAMME - NO.01 2025

District General Hospital Monaragala

The very first Safe Motherhood Programme for 2025 was successfully concluded at the District General Hospital, Monaragala, on March 7th, 2025. Capacity building of health professionals, doctors, institutional nurses, and field staff was done.

The programme was designed and launched under the leadership of Dr Sanath P Akmeemana, President of SLCOG, with the tremendous support of Dr Darshana Abeygunawardana, Chairman – Regional Activities and Developments and Dr A Sritharan, Chairman – Scientific Activities and Research. Dr Hiran Hewage and Dr Samantha Alwis coordinated the programme on behalf of the SLCOG. Many other consultants from different specialities throughout the Monaragala district joined the programme to share knowledge with the participants.

Dr Iresha Pathirage, Hospital Director, DGH, Monaragala, Dr J C M Thennakoon, Provincial Director and Dr Siyad Ismail, Regional Director, participated and addressed the gathering at the inauguration.

This was a one-day programme, and after the inaugural session, two parallel sessions for field staff and hospital staff including doctors were conducted by well-experienced senior members of the college.

At the end of the inaugural programme, there was a session to provide space for discussing the challenges and problems faced by the professionals with the health administrators of the area.

At the end of the day, it was a very productive event pertaining to maternity care. All the members of the college who participated in the event as well as who extended support in numerous ways must be appreciated for the excellent work done.







Essentials of Obstetrics at your Doorstep

Phase 01

Base Hospital, Tangalle,
Sri Lanka

The very first program of the project series for the year 2025 was successfully held at the Base Hospital, Tangalle, on 28th February 2025. The programme was launched under the leadership of President SLCOG Dr Sanath P Akmeemana, and the programme was reformed by Dr Darshana Abeygunawardana, Chairman of Regional Activities & Developments. The programme was well coordinated by Dr Dinidu Kaluarachchi and Dr Malindu Edirisinghe.

Health Staff from the Base Hospital Tangalle and Sub areas have joined the session. Capacity building was done for health professional doctors, institutional nurses, and field staff



The second program of the project series for the year 2025 was successfully held at the New District General Hospital, Matara, on 19th March 2025. The programme was launched under the leadership of President SLCOG Dr Sanath P Akmeemana, and the programme was reformed by Dr Darshana Abeygunawardana, Chairman of Regional Activities & Developments. The programme was well coordinated by Dr A Sritharan, Dr Prabath Randombage and Dr A M Jayasiri.



A Journey of Resilience:

My Experience as a Young Female Gynaecologist in a Peripheral Hospital

Starting a career as a gynaecologist is both a challenge and a privilege. Stepping into independent decision-making and responsibility — especially in a resource-limited setting — demands perseverance, adaptability, and dedication. My journey began at Base Hospital, Mirigama, where I took on the role of an obstetrician and gynaecologist. As a female doctor with career ambitions, the path was never easy, and balancing my responsibilities as a mother of two toddlers made it even more demanding. But despite the challenges, my commitment to both my profession and my family remained unwavering.

When I first arrived at Mirigama, the gynaecology unit had been non-functional for two years. The hospital had the basic infrastructure, including a ward with a labour room, but there were no trained doctors. The team consisted only of nurses and four midwives. I vividly remember my trainer and professor's words: "When you go to a non-functioning unit, you either do nothing, or you work hard to develop it." For me, there was only one choice — rebuilding the unit from the ground up.

On my very first day, I met with the hospital director, a young and dedicated woman, along with the ward sister and theatre sister. Together, we set dates for antenatal and gynaecology clinics, recruited temporary medical officers for training, and prepared instrument packs and essential medications to restart deliveries and surgeries. At the time, there were eight consultants in the hospital, and I was fortunate to receive generous support from the paediatrician and surgeon, who shared his theatre time with me.



Upon joining a peripheral healthcare unit, I quickly realized the stark contrast between urban medical facilities and rural setups. The lack of advanced diagnostic tools, limited medical infrastructure, limited services after hours, and shortage of trained professionals posed daily challenges. However, these obstacles also presented opportunities for impactful work. Patients never visited Mirigama Hospital due to a lack of reliability; instead, they bypassed it and sought care at tertiary centers.

My primary focus was maternal and reproductive health — crucial in rural areas where access to specialized care is scarce. Establishing antenatal care programs, and spreading awareness about contraception and menstrual hygiene in collaboration with the Medical Officer of Health (MOH) significantly helped by fostering trust within the community. By engaging in patient education, I was able to bridge the gap between women and health-care services.



by Dr Rathigashini Ramachandran

One of the most effective ways to create lasting change was through active community engagement. I worked closely with local midwives and community health workers and involved family members in patient education, which led to better acceptance of medical interventions. My foreign training had also equipped me with better communication skills, allowing me to empower women with knowledge about their own health rights — a crucial step toward sustainable change.

Being a young female doctor in a rural setting came with unique challenges. Gaining trust and respect in a traditionally male-dominated field, overcoming infrastructural limitations, and balancing my personal life were demanding. Yet, the ability to make a direct and positive impact on women's health far outweighed these difficulties.

I went beyond my duties to collaborate with other hospital administrations, taking personal responsibility for procuring instruments for performing surgeries. Over a year, I successfully diagnosed numerous malignancies at an early stage and ensured timely referrals to the Cancer Institute. Patients were grateful, as many faced financial hardships that made traveling long distances even for minor procedures such as dilation and curettage or cervical biopsies. The staff at the peripheral hospital were exceptionally supportive, making my journey more fulfilling and comfortable.



In just a year, I was selected as a Senior Lecturer in the Department of Obstetrics and Gynaecology at the Faculty of Medicine, University of Kelaniya. By then, my clinic was booked with patients for the next six months — a testament to the trust I had built within the community.

In my opinion, it is the ethical and moral duty of a young gynaecologist to seize the opportunity to develop the peripheral unit rather than idly pass the time. Working as a gynaecologist in a peripheral unit is not just about medical practice, it is about resilience, adaptation, and service. With adequate support, strong government policies, and continuous education, young doctors can play a vital role in strengthening rural healthcare systems. For those considering this path, the journey may be tough, but the ability to transform lives makes it deeply fulfilling. Of all my career experiences, working in this rural setting has been the most rewarding achievement of my life.





Grand Opening

of "CELL ACADEMIA- SLCOG"

E-Library and Research Centre



The Sri Lanka College of Obstetricians and Gynaecologists proudly marked a historic milestone with the grand opening of "CELL ACADEMIA- SLCOG" E-Library and Research Centre on 29th December 2024, coinciding with the Annual General Meeting 2024. This initiative is set to revolutionise academic and research access for SLCOG members, strengthening the college's commitment to excellence in obstetrics and gynaecology.

The ceremonial inauguration was graced by the esteemed patron, Dr Mrs Marlene Abeyewardena, and Dr Rohana Haththotuwa, a visionary leader who has been instrumental in many national and international initiatives of SLCOG. The project was first conceptualised by Dr Mangala Disanayake, immediate past president of SLCOG, with continued leadership and guidance from the current president, Dr Sanath Akmeemana.

"CELL ACADEMIA- SLCOG" E-Library and Research Centre will function in coordination with four key committees of SLCOG:



Education & Setting Standards
led by Dr. Prabath Randombage



Continuous Professional Development (CPD)
led by Prof. Rasika Herath



Scientific Activities & Research
led by Dr. A. Sritharan



Regional Activities & Developments
led by Dr. Darshana Abeygunawardana

Additionally, technical advisory support will be provided by Dr. (Mrs.) T. Sritharan, Senior Assistant Librarian, University of Colombo, and Dr. Harith Wickramasekara, Lecturer (Probationary), Department of Medical Education, Faculty of Medicine, University of Kelaniya.

Key features of the "CELL ACADEMIA-SLCOG" are:

1. **Comprehensive Database** – Subscription to major academic databases with access to hundreds of e-books and journals.
2. **User-Friendly Interface** – A seamless and intuitive platform for efficient research navigation.
3. **Remote Access** – Secure login enabling consultants to access resources from anywhere in the country.
4. **CPD Activities** – An LMS platform to facilitate online CPD courses for continuous learning.
5. **Awards & Research Grants** – Incentives for quality research publications in SLJOG and small research grants to support emerging research initiatives.

This initiative is poised to become an iconic and enduring endeavour of SLCOG, enhancing academic opportunities for postgraduate students, facilitating research activities, and fostering continuous professional development. Moreover, the platform will serve as a vital resource for members stationed in peripheral hospitals, ultimately improving healthcare services for women across Sri Lanka.

Dr Prabath Randombage,
The Project Coordinator and Chairman of Education & Setting Standards, SLCOG

SLCOG WORKSHOPS 2025

Hands-on Workshop; Obstetric Emergencies

Assisted Vaginal Breech Delivery, Instrumental Vaginal Deliveries, Shoulder Dystocia, Second Stage Caesarean Delivery

Sri Lanka College of Obstetricians and Gynaecologists hosted a Hands-on Workshop on Obstetric Emergencies for first year and third year registrars in Obstetrics and Gynaecology. The workshop was held on 16th January 2025 at the Ground Floor Auditorium of the SLCOG House. The main facilitator for the workshop was Dr Sanjeewa Padumadasa, Consultant Obstetrician and Gynaecologist, Sheffield Teaching Hospital in NHS, United Kingdom.

The workshop was well coordinated by Dr S P Akmeemana, President SLCOG, Dr A Sritharan, Chairman Scientific Activities and Research SLCOG and Prof Rasika Herath, Chairman, Continuous Professional Development SLCOG.



SLCOG WORKSHOPS 2025

World Anemia Day 2025

A Joint Symposium on "Breaking barriers: A Collaborative Approach to Haematological Problems in Pregnancy" by SLCOG and SLCH

To mark World Anemia Day 2025, which was on 13 February, the Sri Lanka College of Obstetricians and Gynaecologists organized a joint symposium with the Sri Lanka College of Haematologists under the theme "Breaking Barriers: A Collaborative Approach to Haematological Problems in Pregnancy." The symposium comprised valuable and deliberated lecture topics specifically related to the Haematological problems among Pregnant Women delivered by renowned Consultant Haematologists and Consultant Obstetricians and Gynaecologists in Sri Lanka. The symposium was well organized under the leadership of Dr S P Akmeemana (President SLCOG) and Dr K S Pathirage (President SLCH). Dr A Sritharan (Chairman Scientific Activities and Research SLCOG), Dr Achintha Dissanayake (Hon. Secretary SLCOG), Dr Thusitha Kumarasiri and Dr Wasanthi Wickremasinghe (Hon. Joint Secretaries SLCH) coordinated the programme from both the colleges to make the event successful.

Further, Dr Darshana Abeygunawardana (Chairman Regional Activities and Developments SLCOG) successfully organized a webinar programme for in service midwifery officers about the "Anemia in Pregnancy" joining with the Family Health Bureau of Sri Lanka. The webinar programme was resourced by Dr Mangala Dissanayake (Immediate Past President SLCOG) and Dr Sanjeewa Godakandage (Director, Maternal Care Unit, Family Health Bureau).

P & G Health Ltd joined hands with SLCOG to host both the events



SLCOG WORKSHOPS 2025

Study Programme

Navigating Excellence: Clinical Governance and Risk Management in Obstetrics and Gynaecology for Future Leaders And How to face a job interview in NHS, UK?

The workshop was conducted by Dr S Raajkumar (MBBS, MS, FRCOG, FSLCOG, Dip in Min Acc Surg), Consultant Obstetrician and Gynaecologist, Clinical Lead for Obstetrics and Gynaecology, Southend University Hospital NHS Trust, UK on 11th March 2025 at the SLCOG House targeting the senior registrars and Post Graduate trainees in Obstetrics and Gynaecology.



Highlights

SLCOG represented at the AFOG SAFOG 2025 Conference in Dubai

African Federation of Obstetricians and Gynecologists and South Asia Federation of Obstetrics and Gynecology Congress 2025 (AFOG SAFOG 2025) was held from 20-22 February 2025 in Dubai.

Representing Sri Lanka College of Obstetricians and Gynaecologists Dr Rohana Haththotuwa, Dr Sanath Akmeemana, Dr U D P Ratnasiri, Dr Shemoon Marleen, Dr Ruwan Silva and Dr Achintha Dissanayake delivered Guest lectures under the following topics at the conference

"The Burden of PPH in the African and Asia Oceania Region and the AFOG Statement on HSC" – Dr Rohana Haththotuwa

"Environmental Impact on Female Fertility"

– Dr S P Akmeemana

"Screening for Fetal Cardiac Abnormalities in Resource Limited Settings" – Dr Achintha Dissanayake

"Addressing Teenage Pregnancy in South Asia: Improving Reproductive Health Outcomes" – Dr Ruwan Silva

"Ultrasound in Multiple Pregnancies: Diagnostic Advances and Clinical Management Strategies" – Dr Shemoon Marleen

"Caesarean Scar Disorder" – Dr U D P Ratnasiri





Dr Dasanthi Akmeemana

Message from the SLCOG Ladies Forum

As the president of the Sri Lanka College of Obstetricians and Gynaecologists' Ladies Forum, I am honoured to extend my heartfelt gratitude to the president of the SLCOG, Dr Sanath Akmeemana, and the SLCOG council, for their unwavering support and collaboration with our forum's initiatives. I would also like to extend my heartfelt thank you to all the office bearers and committee members of the Ladies Forum for their dedication, hardwork and commitment.

The first phase of the Ladies Forum's annual charity project, "Project Bloom," commenced on the day of the inaugural council meeting on the 26th of January 2025. "The Project Bloom: Phase 1" aimed to help the children with one or both parents suffering from mental health issues, to achieve optimal school performance with hopes of reducing the financial burden with regards to their educational expenses.

We were able to donate books and other stationery according to their school timetables suitable for each grade, along-with essential items such as: school bags, water bottles, lunch boxes and vouchers to buy school shoes. There were around 30 selected children and more than 3 lakhs were at our expense for this worthy course. I'd like to extend my heartfelt gratitude to the George Steuart (Pvt) Limited and the team of office workers from the Brandix company for their generous contributions in making this event a success.



Furthermore, over the past two years, the Ladies Forum has been donating essential items to the labour rooms located at government hospitals with a lack of resources, at the locations in par with the SLCOG's Safe Motherhood Programme.

This initiative was particularly crucial amidst the economic challenges faced by many government hospitals at the time of commencement of this initiative. The overwhelming appreciation and encouraging feedback we received, prompted the current president of the SLCOG to request the Ladies Forum in continuing with the aforementioned initiative.

In response this year, we partnered with the generous contribution of "HEMAS Manufacturing (Pvt) Ltd" (Fems) to continue the donation of essential items that will be used in government hospital labour rooms. Our first distribution was done to the Monaragala hospital aligning with the safe motherhood programme on the 7th of March 2025 followed by Galnawa and Thambuththegamuwa hospitals.



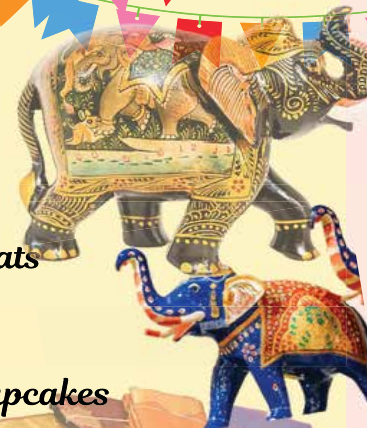
As the President of a council built on the shoulders of a unified group of likeminded women working together to make a difference alongside their spouses of the SLCOG, I am proud to say that this year, 2025, has taken us one step closer in elevating the quality of care received by the people including, yet not limited to the gynaecological and obstetric population of Sri Lanka.

Thank you once again to the President and the Council of SLCOG, and all the members of the Ladies Forum for your unwavering dedication, unity and support.

Ladies, let us march forward with determination and compassion embodying the spirit of service that defines our passion, mission, vision and profession. Cheers to yet another successful work year ahead.

Warm regards

Dr Dasanthi Akmeemana
President O & G Ladies Forum



TRADE STALLS

- ✓ Ornamental plants and spices
- ✓ Bedsheets / kurutha tops
- ✓ T shirts
- ✓ Tea towels / table cloths / table mats
- ✓ Bedsheets & Sarees
- ✓ linen and batik frocks
- ✓ Love cake / brownie / blondies and cupcakes
- ✓ Saree bar by kayaki
- ✓ Biscuit pudding , caramel pudding tubs, Marshmallows, Pasta sauce , narang juice and iced coffee
- ✓ Batik Sarees
- ✓ Silver mills
- ✓ Imported cosmetics
- ✓ Raigama Products
- ✓ Dilmah Tea
- ✓ Pearls
- ✓ Clothes
- ✓ Ted Creations
- ✓ Silk kaftans
- ✓ Beeralu & Handloom

**April
6 th**

SLCOG HOUSE

No 112, Model Farm Road,
Colombo 08
(In between Devibalika &
crematorium, next to Golf Ground)

9.00 am – 2.00 pm

**DON'T MISS OUT ON THIS AMAZING
CHANCE TO SHOP FOR YOUR HOME
NEEDS AT THE SUPER SALE!
GET EVERYTHING UNDER ONE ROOF**



Presented by ;
LADIES FORUM
OBSTETRICIANS & GYNAECOLOGISTS

Entrance Ticket
200/=

duphaston[®]

Dydrogesterone Tablets IP 10mg



Indications and Dose:

Threatened abortion¹

-40 mg immediately, then 10 mg every 8 hours until symptoms remit

Habitual abortion¹

-10 mg twice a day until the 20th week of pregnancy

Infertility¹

(Due to luteal insufficiency)

-10 mg once a day for at least 6 consecutive cycles



Dysmenorrhoea

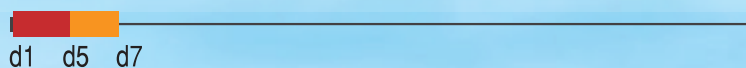
-10 mg twice a day



Dysfunctional uterine bleeding^{1,2}

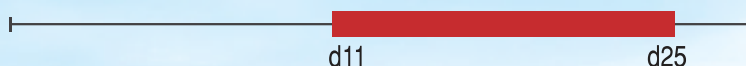
To stop bleeding

-10 mg twice a day for 5 to 7 days



To prevent bleeding

-10 mg twice a day from day 11 to day 25 of the cycle



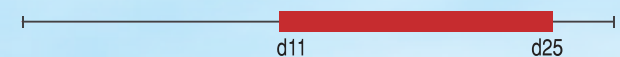
Irregular cycles^{1,2}

-10 mg twice a day from day 11 to day 25 of the cycle



Premenstrual syndrome¹

-10 mg twice a day from day 11 to day 25 of the cycle



NURTURING HUMAN HEALTH & POTENTIAL
ACROSS LIFESTYLES & CONDITIONS[^]



Duphaston[®]
Dydrogesterone Tablet IP 10mg

BACKED BY **EVIDENCE**[†]



Femoston[®] **1/10**
estradiol/dydrogesterone **2/10**

Femoston[®] **mono**
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Femoston[®] **conti** **1/5**
estradiol/dydrogesterone **mg/mg**

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